Grossmont Healthcare District
CALAFCO University – July 15, 2019
“Deep Dive into Municipal Service Reviews”
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Mission Statement

As stewards of the public trust, your Grossmont Healthcare District will preserve and protect those resources entrusted to its care.

To maintain and improve the physical and behavioral health of its constituents, we will:

- Partner with our hospital operator, Sharp HealthCare, to ensure access to state-of-the-art medical services at Grossmont Hospital for all of the residents of Grossmont Healthcare District and beyond.
- Anticipate and recognize the unmet health care needs of the communities we serve and support suitable services to the greatest extent possible consistent with available resources.
History of GHD

- 1952 – Public Vote to form Grossmont Hospital District
- 1955 – Opening of Grossmont Hospital
- 1970/80s – Major Expansions Completed
- 1980s – Change in CA Law to Allow Hospital Leases
- 1991 – Lease of Hospital to Sharp HealthCare via Grossmont Hospital Corporation
- 1995 – Hospital District becomes a Healthcare District
- 2006 – Prop G passes with over 77% of the vote ($247 million)
- 2014 – Prop H Lease Extension passes – over 86%
- 2018 – Prop G Projects completed
State and local landscape

- Unique nature of Healthcare Districts – No “one-size fits all”
- Hospital vs. non-Hospital operators (community-based)
- Types of Leases – Control or “Hands Off”
- Legislature and Little Hoover Commission
- Districts in San Diego County
- Grants Programs – Underserved populations
- Providing service outside district boundaries – litigation, legislation, grants
- Grossmont Healthcare – High senior population, cardio cases, re-admissions, busiest Emergency Department
- Grossmont/Sharp – Public/Private Partnership: New facilities, including new Heart & Vascular, Comprehensive Stroke Center, IGT, etc.
Lease and Operations of Grossmont Hospital to Sharp HealthCare

“A district that leases or transfers its assets to a corporation…shall act as an advocate for the community to the operating corporation…and report to the community on the progress made in meeting the community’s health needs.” (Health and Safety Code)

- Lease, Transfer, Affiliation
- Governance Structure: Hospital Operating Board and Designees
- Limits for incurring debt and changes to hospital core services
- Monthly/Annual Reports from the Hospital to the HCD Board
- Annual Sharp Grossmont Community Benefits Report
- Quarterly Facilities Inspections / State of the Facilities
August 2012 Questions – November 2012 Responses
- Increased scrutiny on HCDs, especially those with leases
- Source data unique to hospitals – what SD LAFCO asked
- Dozens of questions; 18 pages of responses; several hundred pages of attachments

“...it likely speaks well for us with LAFCO that the nature of our relationship with (Sharp) allows us to provide detailed responses related to hospital operations.”

- May 2015 – Five-year Sphere of Influence Study and MSR
- Recommendations included boundary analysis in the next five years
HCDs (and special districts) and their relationship with LAFCOs: Two-way street

Improving the MSR process

- **LAFCOs** – Don’t be afraid to ask
- Work to abandon the “LAFCO Mystery”
- Workshops, Receptions, Meet & Greets
- Communicate expectations or best practices

- **Agencies** – Don’t be afraid to tell
- Engage in LAFCO boards and committees

- **Work together** to advocate for adequate LAFCO resources and meaningful local oversight – or suck up the alternative!
- Engage the public, legislators, local electeds
Lessons Learned: Policy/Legislative tools to improve HCDs

- Assess new ways of doing business
- Engage the public, legislators, local elected officials, other stakeholders (again!)
- HCD Transparency and Public Access
- Shared HCD best practices
- Community Needs: Thoughtful, needs–driven grants processes, including needs assessments.
- Leases: Governance structures that provide both quality relationships and clout (especially at MSR time)
Questions?

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